

IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This Schedule of Benefits provides a listing of procedures covered by Your Plan. For procedures that require a Copayment, the amount to be paid is shown in the column titled "Member Pays \$". You pay these Copayments to the dental office at the time of service.
- ▶ You must select a United Concordia Primary Dental Office (PDO) to receive Covered Services. Your PDO will perform the below procedures or refer You to a Specialty Care Dentist for further care. Treatment by an Out of Network Dentist is not covered, except as described in the Certificate of Coverage
- ▶ Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ▶ For a complete description of Your Plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- ▶ If You have any questions about Your United Concordia Dental Plan, please call our Customer Service Department toll free at **1-888-638-3384** or access Our Website at www.unitedconcordia.com.

ADA CODE	PROCEDURE	MEMBER PAYS \$
Clinical Oral Evaluations		
D0120	Periodic Oral Evaluation	\$0.00
D0140	Limited Oral Evaluation - Problem Focused	0.00
D0150	Comprehensive Oral Evaluation - new or established patient	0.00
D0170	Re-evaluation - Limited, Problem Focused (established patient; not post-operative visit)	0.00
D0180	Comprehensive Periodontal Evaluation - new or established patient	0.00
Radiographs		
D0210	Intraoral - Complete Series (incl. Bitewings)	\$0.00
D0220	Intraoral - Single Film	0.00
D0230	Intraoral - Each Add'l Film	0.00
D0240	Intraoral - Occlusal Film	0.00
D0270	Bitewings - Single Film	0.00
D0272	Bitewings - 2 Films	0.00
D0274	Bitewings - 4 Films	0.00
D0277	Bitewing - 7 to 8 films	0.00
D0330	Panoramic X-Ray	0.00
D0340	Cephalometric Film	0.00
Tests & Lab Examinations		
D0460	Pulp Vitality Tests	\$0.00
D0470	Diagnostic Casts	0.00
Dental Prophylaxis		
D1110	Prophylaxis (Cleaning) - Adult (1 per 6 months)	\$0.00
D1120	Prophylaxis (Cleaning) - Child (1 per 6 months)	0.00
Topical Fluoride Treatment		
D1203	Topical application of fluoride (prophy not included) - child	\$0.00
D1204	Topical application of fluoride (prophy not included) - adult	0.00
Other Preventive Services		
D1330	Oral Hygiene Instruction	\$0.00
D1351	Sealant - Per Tooth (Child)	0.00
Space Maintenance (Passive Appliances)		
D1510	Space Maintainer -Fixed Unilateral	\$0.00
D1515	Space Maintainer-Fixed Bilateral	0.00
D1520	Space Maintainer-Removable Unilateral	0.00
Amalgam Restorations (including polishing)		
D2140	Amalgam - one surface, primary or permanent	\$0.00
D2150	Amalgam - two surfaces, primary or permanent	0.00
D2160	Amalgam - three surfaces, primary or permanent	0.00
D2161	Amalgam - four or more surfaces, primary or permanent	0.00
Resin-Based Composite Restorations - Direct		
D2330	Resin-based composite - one surface, anterior	\$0.00
D2331	Resin-based composite - two surfaces, anterior	0.00
D2332	Resin-based composite - three surfaces, anterior	0.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior	70.00

ADA CODE	PROCEDURE	MEMBER PAYS \$
D2391	Resin-based composite- one surface, posterior	40.00
D2392	Resin-based composite - two surfaces, posterior	60.00
D2393	Resin-based composite - three surfaces, posterior	72.00
D2394	Resin-based composite - four or more surfaces, posterior	84.00
Inlay/Onlay Restorations		
D2510	Inlay - metallic one surface	\$60.00
D2520	Inlay - metallic two surfaces	100.00
D2530	Inlay - metallic three or more surfaces	120.00
D2542	Onlay - metallic - two surfaces	20.00
D2543	Onlays - metallic - three surfaces	30.00
D2544	Onlays - metallic - four or more surfaces	50.00
Crowns - Single Restorations Only		
D2710	Crown - Resin-based composite (indirect)	\$77.00
D2712	Crown - 3/4 resin-based composite (indirect)	86.00
D2740	Crown - porcelain/ceramic substrate	270.00
D2750	Crown - porcelain fused to high noble metal	276.00
D2751	Crown - porcelain fused to predom. base metal	258.00
D2752	Crown - porcelain fused to noble metal	270.00
D2780	Crown - 3/4 cast high noble metal	228.00
D2781	Crown - 3/4 cast predominately base metal	228.00
D2782	Crown - 3/4 cast noble metal	228.00
D2783	Crown - 3/4 porcelain/ceramic	228.00
D2790	Crown - full cast high noble metal	228.00
D2791	Crown - full cast predominantly base metal	258.00
D2792	Crown - full cast noble metal	264.00
D2794	Crown - titanium	290.00
Other Restorative Services		
D2910	Recement inlay, onlay, or partial coverage restoration	\$15.00
D2920	Recement crown	15.00
D2930	Prefabricated stainless steel crown (Prim. Tooth)	48.00
D2931	Prefabricated stainless steel crown (Perm. Tooth)	56.00
D2934	Prefabricated esthetic coated stainless steel crown -primary tooth	48.00
D2940	Sedative filling	0.00
D2950	Core buildup, including pins	100.00
D2951	Pin retention - per tooth in addition to restoration	10.00
D2952	Cast post & core in addition to crown	108.00
D2953	Each additional cast post - same tooth	45.00
D2954	Prefabricated post & core in addition to crown	108.00
D2957	Each add'l prefabricated post-same tooth	45.00
D2971	Additional procedures to construct new crown under existing partial denture framework	25.00
Pulp Capping		
D3110	Pulp Cap - Direct (excluding final restoration)	\$0.00
D3120	Pulp Cap - Indirect (excluding final restoration)	0.00

ADA CODE	PROCEDURE	MEMBER PAYS \$
Pulpotomy		
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	15.00
Endodontic Therapy on Primary Teeth		
D3230	Pulpal Therapy (resorbable filling) - anterior primary (excluding final restoration)	40.00
D3240	Pulpal Therapy (resorbable filling) - posterior primary (excluding final restoration)	55.00
Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)		
D3310	Anterior (excluding final restoration)	\$108.00
D3320	Bicuspid (excluding final restoration)	144.00
D3330	Molar (excluding final restoration)	198.00
Endodontic Retreatment		
D3346	Retreatment of previous root canal therapy - anterior	\$198.00
D3347	Retreatment of previous root canal therapy - bicuspid	234.00
D3348	Retreatment of previous root canal therapy - molar	288.00
Apicoectomy/Periradicular Surgery		
D3410	Apicoectomy/Periradicular surgery - anterior	\$107.00
D3421	Apicoectomy/Periradicular surgery - bicuspid 1st root	107.00
D3425	Apicoectomy/Periradicular surgery - molar 1st root	107.00
D3426	Apicoectomy/Periradicular surgery - (each add'l root)	41.00
D3450	Root amputation - per root	50.00
Other Endodontic Procedures		
D3920	Hemisection - incl. any root removal but not root canal therapy	\$41.00
Surgical Services (Including Usual Postoperative Services)		
D4210	Gingivectomy or Gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$125.00
D4211	Gingivectomy or Gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	50.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	54.00
D4245	Apically repositioned flap	110.00
D4249	Clinical crown lengthening - hard tissue	105.00
D4260	Osseous Surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	210.00
D4261	Osseous Surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	110.00
D4263	Bone Replacement Graft - first site in quadrant	115.00
D4271	Free soft tissue graft procedure (including donor site)	100.00
D4274	Distal or proximal wedge (when not performed in conjunction with surgical procedure in the same anatomical area)	45.00
D4275	Soft Tissue Allograft	100.00
D4276	Combined connective tissue and double pedicle graft, per tooth	100.00
Non-surgical Periodontal Services		
D4320	Provisional splinting - intracoronary per tooth	\$40.00
D4321	Provisional splinting - extracoronary per tooth	40.00
D4341	Periodontal scaling & root planing - four or more, per quad	60.00
D4342	Periodontal scaling & root planing - one to three, per quad	16.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth by report	100.00

ADA CODE	PROCEDURE	MEMBER PAY \$
Other Periodontal Services		
D4910	Periodontal maintenance	\$30.00
Complete Dentures (Including Routine Post-Delivery Care)		
D5110	Complete denture -maxillary	\$264.00
D5120	Complete denture -mandibular	264.00
D5130	Immediate denture -maxillary	288.00
D5140	Immediate denture -mandibular	288.00
Partial Dentures (Including Routine Post-Delivery Care)		
D5211	Maxillary Partial Dentures Resin Base- Upper (incl. any conventional clasps, rests & teeth)	\$174.00
D5212	Mandibular Partial Dentures Resin Base- Lower (incl. any conventional clasps, rests & teeth)	174.00
D5213	Maxillary Partial Dentures Cast Metal Base- Upper (incl. any conventional clasps, rests & teeth)	270.00
D5214	Mandibular Partial Dentures Cast Metal Base- Lower (incl. any conventional clasps, rests & teeth)	270.00
D5225	Maxillary partial denture - flexible base (incl. any clasps, rests and teeth)	350.00
D5226	Manibular partial denture - flexible base (incl. any clasps, rests and teeth)	350.00
D5281	Removable Unilateral Partial Denture One Piece Cast Metal (incl. clasps & pontics)	78.00
Adjustments to Dentures		
D5410	Adjust complete denture - maxillary	\$7.00
D5411	Adjust complete denture - mandibular	7.00
D5421	Adjust partial denture - maxillary	7.00
D5422	Adjust partial denture - mandibular	7.00
Repairs to Complete Dentures		
D5510	Repair broken complete denture base	\$21.00
D5520	Replace missing/broken teeth (complete denture) each tooth	28.00
Repairs to Partial Dentures		
D5610	Repair resin denture base	23.00
D5620	Repair cast framework	33.00
D5630	Repair/replace broken clasp	23.00
D5640	Replace broken teeth - per tooth	18.00
D5650	Add tooth to existing partial denture	23.00
D5660	Add clasp to existing partial denture	33.00
D5670	Replace all teeth & acrylic on cast metal frame (maxillary)	147.00
D5671	Replace all teeth & acrylic on cast metal frame (mandibular)	147.00
Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	\$55.00
D5711	Rebase complete mandibular denture	55.00
D5720	Rebase maxillary partial denture	48.00
D5721	Rebase mandibular partial denture	48.00
Denture Reline Procedures		
D5730	Reline complete maxillary (chairside)	\$40.00
D5731	Reline complete mandibular (chairside)	40.00
D5740	Reline partial maxillary (chairside)	40.00
D5741	Reline partial mandibular (chairside)	40.00
D5750	Reline complete maxillary (laboratory)	55.00
D5751	Reline complete mandibular (laboratory)	55.00
D5760	Reline maxillary partial denture (laboratory)	55.00
D5761	Reline mandibular partial denture (laboratory)	55.00

ADA CODE	PROCEDURE	MEMBER PAYS \$
Interim Prosthesis		
D5810	Interim complete denture - maxillary	\$125.00
D5811	Interim complete denture - mandibular	125.00
D5820	Interim partial denture - maxillary	105.00
D5821	Interim partial denture - mandibular	105.00
Other Removable Prosthetic Services		
D5850	Tissue conditioning - maxillary	25.00
D5851	Tissue conditioning - mandibular	25.00
Fixed Partial Denture Pontics		
D6205	Pontic - indirect resin based composite	290.00
D6210	Pontic - cast high noble metal	\$276.00
D6211	Pontic - cast predominantly base metal	258.00
D6212	Pontic - cast noble metal	264.00
D6214	Pontic - titanium	297.00
D6240	Pontic - porcelain fused to high noble metal	276.00
D6241	Pontic - porcelain fused to predominantly base metal	258.00
D6242	Pontic - porcelain fused to noble metal	264.00
D6245	Pontic - porcelain, ceramic	258.00
Fixed Partial Denture Retainers - Inlays/Onlays		
D6610	Onlay - cast high noble metal, two surfaces	\$150.00
D6612	Onlay - cast predominantly base metal, two surfaces	100.00
D6614	Onlay - cast noble metal, two surfaces	125.00
Fixed Partial Denture Retainers - Crowns		
D6710	Crown - indirect resin based composite	\$290.00
D6740	Crown - porcelain, ceramic	\$258.00
D6750	Crown - porcelain fused to high noble metal	276.00
D6751	Crown - porcelain fused to predominantly base metal	258.00
D6752	Crown - porcelain fused to noble metal	264.00
D6790	Crown - full cast high noble metal	276.00
D6791	Crown - full cast predominantly base metal	258.00
D6792	Crown - full cast noble metal	264.00
D6794	Crown - titanium	290.00
Other Fixed Partial Denture Services		
D6930	Recement fixed partial denture	\$17.00
Extractions		
(Including Local Anesthesia, Suturing, if needed, and routine postoperative care)		
D7111	Extraction, coronal remnants - deciduous tooth	\$8.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00
Surgical Extractions		
(Including Local Anesthesia, Suturing, if needed, and routine postoperative care)		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$27.00
D7220	Removal of impacted tooth - soft tissue	45.00
D7230	Removal of impacted tooth - partially bony	55.00
D7240	Removal of impacted tooth - completely bony	65.00
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	80.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	35.00

ADA CODE	PROCEDURE	MEMBER PAYS \$
Other Surgical Procedures		
D7280	Surgical exposure of unerupted tooth	\$52.00
D7283	Placement of device to facilitate eruption of impacted tooth	13.00
D7285	Biopsy of oral tissue-hard (bone, tooth)	35.00
D7286	Biopsy of oral tissue-soft (all others)	28.00
D7288	Brush biopsy - transepithelial sample collection	45.00
Alveoplasty		
D7310	Alveoplasty - in conjunction w/extractions per quad	\$23.00
D7320	Alveoplasty-not in conjunction w/extractions per quad	30.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30.00
Surgical Excision of Intra-Osseous Lesions		
D7450	Removal of benign odontogenic cyst or tumor (lesion diameter up to 1.25cm)	60.00
D7471	Removal of lateral exostosis (maxilla or mandible)	60.00
D7472	Removal of torus palatinus	60.00
D7473	Removal of torus mandibularis	60.00
D7485	Surgical reduction of osseous tuberosity	60.00
D7510	Incision & drainage of abscess - intraoral soft tissue	35.00
Other Surgical Procedures		
D7960	Frenulectomy (frenectomy or frenotomy)-sep.proc.	53.00
D7963	Frenuloplasty	27.00
D7972	Surgical reduction of fibrous tuberosity	60.00
Limited Orthodontic Treatment		
D8010	Limited Ortho. Treatment - primary dentition	\$380.00
D8020	Limited Ortho. Treatment - transitional dentition	405.00
D8030	Limited Ortho. Treatment - adolescent dentition	430.00
D8040	Limited Ortho. Treatment - adult dentition	455.00
Interceptive Orthodontic Treatment		
D8050	Interceptive - primary dentition	650.00
D8060	Interceptive - transitional dentition	750.00
Comprehensive Orthodontic Treatment		
(standard 24-month case)		
D8070	Comprehensive - transitional	1,800.00
D8080	Comprehensive - adolescent	1,950.00
D8090	Comprehensive - adult	2,200.00
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	\$390.00
D8220	Fixed appliance therapy	370.00
Other Orthodontic Services		
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer (s))	\$150.00
◆	Orthodontic records fee	150.00
Unclassified Treatment		
D9110	Palliative (emergency) treatment of dental pain, minor procedures	\$15.00
Professional Consultation		
D9310	Consultation - diagnostic service provided by dentist or physician other than practitioner providing treatment	\$20.00
Professional Visits		
D9440	Office Visit (after hours)	30.00
Miscellaneous Services		
D9630	Other drugs and/or medicaments, by report	\$20.00
D9951	Occlusal Adjustment - Limited	20.00
D9952	Occlusal Adjustment - Complete	45.00

- ◆ Please report under Code D8999 unspecified orthodontic procedure by report. Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models and treatment plans.